



**CITY OF KANSAS CITY, MISSOURI**

**PUBLIC WORKS DEPARTMENT, STREET TRAFFIC DIVISION  
5th FLOOR, CITY HALL, 414 EAST 12<sup>TH</sup> STEET  
KANSAS CITY, MO 64106 Tel: (816) 513-2679 or (816) 513-2646 Fax: (816) 513-2715**

**APPLICATION FOR DUMPSTER PERMIT**

**APPLICATION Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**COMPANY Name:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**How many days needed?** \_\_\_\_\_

start date end date

**I would like to have a permit for the following lanes on:** \_\_\_\_\_

\_\_\_\_\_

**What sidewalk or lanes do you want:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DUMPSTERS FOR RESIDENTIAL ARE \$10.00 PER DAY**

**ATTACH A COPY OF YOUR PROPOSED TRAFFIC CONTROL PLAN TO THIS APPLICATION.  
READ THE REQUIREMENTS ON THE REVERSE SIDE OF THIS APPLICATION AND SIGN AND DATE BELOW**

**CERTIFICATION BY APPLICANT**

I certify that I have read, have understood and will comply with the requirements of the Application for Dumpster Permit on the reverse side of this form, and that all information provided in connection with this application is true.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_